

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

1. AETNA HEALTH INC. 400-1 Totten Pond Road Waltham, MA 02451 (800) 448-8752	Type: For-Profit: NAIC #	IPA Yes 95236
LARGE GROUP <u>Closed Network</u> HMO Certificate of Coverage	<u>Form #</u> HMO/MA COC-2 05/01 Schedule of Benefits HMO/MA SOB-3 (11/01)	
<u>Dual Certificate</u> HMO Certificate of Coverage (in-network)	<u>Form #</u> HMO/MA COC-2 05/01 & Schedule of Benefits HMO/MA SOB-3 (11/01)	
Corporate Health Ins. Co. Cert. (out-of-ntwk)	CHI/MA INSCT-2-A (07/01) Schedule of Benefits	
Quality Point of Service	CHI/MA SBQPOS-2 (07/01)	
Aetna Open Access Quality Point of Service	CHI/MA SBQPOS-2 (07/01)	
USACCESS Program	CHI/MA SBQNET-3 (11/01)	
<u>Insured Preferred Provider Plan</u> NONE	<u>Form #</u> NONE	
SMALL GROUP Tel. (800) 448-8742		
<u>Closed Network</u> HMO Certificate of Coverage	<u>Form #</u> HMO/MA COC-2 05/01	
<u>Dual Certificate</u> HMO Certificate of Coverage (in-network)	<u>Form #</u> HMO/MA COC-2 05/01 & Schedule of Benefits HMO/MA SOB-3 (11/01)	
Corporate Health Ins. Co. Cert. (out-of-ntwk)	CHI/MA INSCT-2-A (7/01) Schedule of Benefits	
Quality Point of Service	CHI/MA SBQPOS-2 (07/01)	
Aetna Open Access Quality Point of Service	CHI/MA SBQPOS-2 (07/01)	
USACCESS Program	CHI/MA SBQNET-3 (11/01)	

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

1. AETNA HEALTH INC. (SMALL GROUP - continued)

Insured Preferred Provider Plan
NONE

Form #
NONE

GUARANTEED ISSUE NONGROUP

Tel. (888) 478-4644
Individual Advantage Plan

Form #
HMO/MA INDCOC-2 (05/01)

MEDICARE

Medicare + Choice
NONE

Form #
NONE

Medicare Wraparound
NONE

Form #
NONE

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

**2. CIGNA HEALTHCARE OF
MASSACHUSETTS, INC.**

100 Front Street
Worcester, MA 01608-1449
(800) 922-8380

Type:	IPA
For-Profit:	Yes
NAIC #	95520

LARGE GROUP

Closed Network

CIGNA HealthCare of Massachusetts, Inc.
CIGNA HealthCare of Massachusetts, Inc.
(2000 Legislation Incorporation)
CIGNA HealthCare of Massachusetts, Inc.
(2002 Product Change)
CIGNA HealthCare of Massachusetts, Inc.

Form #

CHC-GSA94 OR CHC-GSA96
GSA-COVER et al.
With GSA-SOC-MA-A
GSA-COVER et al.
With GSA-SOC-MA-B
HSMA-HMO-EOC-1997

Dual Certificate

Connecticut General Life Insurance Co.
CIGNA HealthCare of Massachusetts, Inc.
CIGNA HealthCare of Massachusetts, Inc.
(2000 Legislation Incorporation)
CIGNA HealthCare of Massachusetts, Inc.
(2002 Product Change)

Form #

GM6000 et al. &
CHC-GSA94 OR CHC-GSA96
GSA-COVER et al.
With GSA-SOC-MA-A
GSA-COVER et al.
With GSA-SOC-MA-B

Insured Preferred Provider Plan

CIGNA HealthCare of Massachusetts, Inc. PPO
CIGNA HealthCare of Massachusetts, Inc. POS

Form #

Plus
Plus II

SMALL GROUP

Tel. (508) 849-4218

Closed Network

CIGNA HealthCare of Massachusetts, Inc.

Form #

HSMA-HMO-EOC-1997

Dual Certificate

NONE

Form #

NONE

Insured Preferred Provider Plan

NONE

Form #

NONE

GUARANTEED ISSUE NONGROUP

Tel. (800)-244-1870
Nongroup Guaranteed Issue Managed Care Plan

Form #

HSMA-NONGRP-EOC-1997

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

2. CIGNA HELATHCARE OF MASSACHUSETTS, INC. (continued)

MEDICARE

Medicare + Choice

NONE

Form #

NONE

Medicare Wraparound

CentralCare¹

Form #

N/A

¹An HMO product that provides supplemental coverage for the costs of HMO-provided services not reimbursed by Medicare. The plan is offered to existing and prospective group accounts.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

3. CONNECTICARE OF MASSACHUSETTS, INC. 30 Batterson Park Road P.O. Box 522 Farmington, CT 06032-0522 (800) 251-7722 / (860) 674-5700	Type:	IPA
	For-Profit:	Yes
	NAIC #	95299
LARGE GROUP		
<u>Closed Network</u>	<u>Form #</u>	
HMO Open Access Plan	CMI/HMO 01 (7/2001)	
HMO Personal Care Plan	CMI/HMOPCP 01 (7/2001)	
<u>Dual Certificate</u>	<u>Form #</u>	
NONE	NONE	
<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
Point of Service Open Access Plan	CMI/POS 01 (7/2001)	
Point of Service Personal Care Plan	CMI/POSPCP 01 (7/2001)	
SMALL GROUP		
Tel. (800) 723-2986		
<u>Closed Network</u>	<u>Form #</u>	
HMO Open Access Plan	CMI/HMO 01 (7/2001)	
HMO Personal Care Plan	CMI/HMOPCP 01 (7/2001)	
<u>Dual Certificate</u>	<u>Form #</u>	
NONE	NONE	
<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
Point of Service Open Access Plan	CMI/POS 01 (7/2001)	
Point of Service Personal Care Plan	CMI/POSPCP 01 (7/2001)	
GUARANTEED ISSUE NONGROUP		
Tel. (800) 244-1870	<u>Form #</u>	
NONE	NONE	
MEDICARE		
<u>Medicare + Choice</u>	<u>Form #</u>	
NONE	NONE	
<u>Medicare Wraparound</u>	<u>Form #</u>	
NONE	NONE	

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

4. FALLON COMMUNITY HEALTH PLAN, INC.	Type:	Group
10 Chestnut Street	For-Profit:	No
Worcester, MA 01608-2810	NAIC #	95541
(800) 283-2556		

Certain products utilize a subset of the Fallon HMO Standard Provider network identified as the Fallon Direct Care Provider Network (refer to footnote below).

LARGE GROUP

<u>Closed Network</u>	<u>Form #</u>
Select Care	A1944 ²
Direct Care ³	A2055
 <u>Dual Certificate</u>	 <u>Form #</u>
Fallon Community Health Plan, Inc.	A1944 ² &
<i>Flex Care Select</i> (in-network)	A1573
Fallon Health & Life Assurance Co. (out-of-ntwk)	
Fallon Community Health Plan, Inc.	A2055 &
<i>Flex Care Direct</i> (in-network) ³	A1573
Fallon Health & Life Assurance Co.(out-of-ntwk)	
 <u>Insured Preferred Provider Plan</u>	 <u>Form #</u>
NONE	NONE

SMALL GROUP

Tel. (800) 333-2535	
<u>Closed Network</u>	<u>Form #</u>
Select Care	A1944 ²
Direct Care ³	A2055
 <u>Dual Certificate</u>	 <u>Form #</u>
Fallon Community Health Plan, Inc.	
<i>Flex Care Select</i> (in-network)	A1944 ² &
Fallon Health & Life Assurance Co. (out-of-ntwk)	A1573
Fallon Community Health Plan, Inc.	
<i>Flex Care Direct</i> (in-network) ³	A2055 &
Fallon Health & Life Assurance Co. (out-of-ntwk)	A1573

² Select Care product (Form# A1944) was approved on April 4, 2002 and is intended to replace the previously approved Fallon HMO product (Form# A0790) upon group anniversary; all new business is to be issued the newly approved form.

³ The Fallon Direct Care Provider network represents a subset of the Fallon HMO Select Care Provider network. Please call the carrier directly if you have any questions about whether the Fallon Direct Care Provider network is specifically available in your area.

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

4. FALLON COMMUNITY HEALTH PLAN, INC. (continued)

<u>Insured Preferred Provider Plan</u>	<u>Form #</u>
NONE	NONE

GUARANTEED ISSUE NONGROUP

Tel (800) 868-5200	<u>Form #</u>
Independent Care	A3084

MEDICARE

Tel. (800) 868-5200 (ask for Senior Plan Office)

<u>Medicare + Choice</u>	<u>Form #</u>
Fallon Senior Plan:	
Core	A0735
Non-core	A1959
Group	A2193

<u>Medicare Wraparound</u>	<u>Form #</u>
NONE	NONE

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

5.	HARVARD PILGRIM HEALTH CARE, INC.	Type:	Group
	93 Worcester Street Wellesley, MA 02481-9181 (800) 338-4247	For-Profit:	No
		NAIC #	96911
	LARGE GROUP		
	<u>Closed Network</u> Harvard Pilgrim HMO	<u>Form #</u> MAHMO2001	
	<u>Dual Certificate</u> Harvard Pilgrim POS Plan (in-network) HPHC Insurance Company, Inc. (out-of-network)	<u>Form #</u> MAPOSi2001 & MAPOSo2001	
	<u>Insured Preferred Provider Plan</u> The Harvard Pilgrim PPO (HMO lic.)	<u>Form #</u> MAPPO0701	
	SMALL GROUP		
	Tel. (800) 848-9995		
	<u>Closed Network</u> Premier HMO 10 Value HMO 15 Affordable HMO 20 Best Buy 1000 (an HMO with a deductible)	<u>Form #</u> MAHMO2001; HMOSOB2001; MAHMOad2001 MAHMO2001; HMOSOB2001; MAHMOad2001 MAHMO2001; HMOSOB2001; MAHMOad2001 MAHMOSOBREV12002; MAHMO2001	
	<u>Dual Certificate</u> Harvard Pilgrim Premier POS 10 (in-network) HPHC Insurance Company, Inc. (out-of-network) Harvard Pilgrim Value POS 15 (in-network) HPHC Insurance Company, Inc. (out-of-network)	<u>Form #</u> MAPOSi2001; POSSOBi2001 & MAPOSo2001; POSSOBi2001 & MAPOSi2001; POSSOBi2001 & MAPOSo2001; POSSOBi2001	
	<u>Insured Preferred Provider Plan</u> Premier PPO 10 Value PPO 15 Affordable PPO 0	<u>Form #</u> MAPPO0701; PPOSOB0701; PPOad0701 MAPPO0701; PPOSOB0701; PPOad0701 MAPPO0701; PPOSOB0701; PPOad0701	

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

5. HARVARD PILGRIM HEALTH CARE, INC. (continued)

GUARANTEED ISSUE NONGROUP

Tel. (800) 848-9995

Nongroup Low Option

Nongroup Standard Option

Form #

HMOSOB2001; MANGLO

HMOSOB2001; MANGSTD

MEDICARE

Tel. (800) 779-7723

Medicare + Choice

First Seniority

Form #

Mafseneoc2002

Medicare Wraparound

NONE

Form #

NONE

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

6. HEALTH NEW ENGLAND, INC.

One Monarch Place
Springfield, MA 01144
(800) 842-4464

Type:	IPA
For-Profit:	Yes
NAIC #	95673

LARGE GROUP

Closed Network

HMO Option 2
HMO Option 3
HMO Option 4
HMO Option 5
HMO Option 6
HMO Option 7
HMO Option 8
HMO Option 9

Form #

Option 2 (HMO2-2001)
Option 3 (HMO3-2001)
Option 4 (HMO4-2001)
Option 5 (HMO5-2001)
Option 6 (HMO6-2001)
Option 7 (HMO7-2002)
Option 8 (HMO8-2002)
Option 9 (HMO9-2002)

Dual Certificate

NONE

Form #

NONE

Insured Preferred Provider Plan

Advantage 2

Form #

Advantage 2 (POS2-2002)

SMALL GROUP

Tel. (413) 787-4000 x3379

Closed Network

HMO Option 2
HMO Option 3
HMO Option 4
HMO Option 5
HMO Option 6
HMO Option 7
HMO Option 8
HMO Option 9

Form #

Option 2 (HMO2- 2001)
Option 3 (HMO3- 2001)
Option 4 (HMO4- 2001)
Option 5 (HMO5- 2001)
Option 6 (HMO6- 2001)
Option 7 (HMO7-2002)
Option 8 (HMO8-2002)
Option 9 (HMO9-2002)

Dual Certificate

NONE

Form #

NONE

Insured Preferred Provider Plan

Advantage 2

Form #

Advantage 2 (POS2-2002)

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

6. HEALTH NEW ENGLAND, INC. (continued)

GUARANTEED ISSUE NONGROUP

Tel. (413) 787-4000

Form #

Guar. Issue Nongroup Membership Agreement

Guar. Issue Membership Agmt.

MEDICARE

Medicare + Choice

Form #

NONE

NONE

Medicare Wraparound

Form #

NONE

NONE

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

7. HMO BLUE (Blue Cross and Blue Shield of Massachusetts, Inc.) 401 Park Drive, Landmark Center Boston, MA 02115-33260 (800) 262-BLUE ((800) 262-2583)	Type: IPA and Staff For-Profit: No. NAIC # 53228
LARGE GROUP <u>Closed Network</u> Access Blue HMO Blue** HMO Blue Value Plus** HMO Blue Value** HMO Blue New England** HMO Blue Preferences	<u>Form #</u> HMO ACCESS (6-1-01 Rev.) HMO BLUE (6-1-01 Rev.) HMO BLUE VP (6-1-01 Rev.) HMO BLUE VAL (6-1-01 Rev.) HMO BLUE NE (6-1-01 Rev.) HMO BLUE PREF w/RX (1-1-02)
<u>Dual Certificate</u> Access Blue Plus HMO Blue's Access Blue Plus (in-network) BCBSMA's Access Blue Plus (out-of-network)	<u>Form #</u> ACCESS PLUS HMO (6-1-01 Rev.) & ACCESS PLUS CMM (6-1-01 Rev.)
<u>Blue Choice</u> HMO Blue's Blue Choice** (in-network) BCBSMA's Blue Choice (out-of-network)	BLUE CHOICE HMO (6-1-01 Rev.) & BLUE CHOICE CMM (6-1-01 Rev.)
<u>Blue Choice New England</u> HMO Blue's Blue Choice NE** (in-network) BCBSMA's Blue Choice NE (out-of-network)	BLUE CHOICE NE HMO (6-1-01 Rev.) & BLUE CHOICE NE CMM (6-1-01 Rev.)
<u>Insured Preferred Provider Plan</u> NONE	<u>Form #</u> NONE
SMALL GROUP <u>Closed Network</u> Access Blue* HMO Blue \$10 copay option* HMO Blue \$1000 deductible option* HMO Blue Value Plus* HMO Blue Value* HMO Blue Preferences \$350/\$0 & \$600/\$250* HMO Blue New England \$10 copay option*	<u>Form #</u> HMO ACCESS (6-1-01 Rev.) HMO BLUE w/RX (6-1-01 Rev.), R10-026 Rev. HMO Blue w/RX (6-1-01 Rev.), HMO DED OPT 1000 HMO BLUE VP w/RX (6-1-01 Rev.) HMO BLUE VAL w/RX (7-1-01 Rev.), R13-440 HMO BLUE PREF w/RX (1-1-02) HMO BLUE NE w/RX (6-1-01 Rev.), R10-026 Rev.

**This plan is available both with and without prescription drug coverage.

*This plan is available with prescription drug coverage only.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

7. HMO BLUE (BCBS of MA) (SMALL GROUP - continued)

HMO Blue New England low option*	HMO BLUE NE w/RX (6-1-01 Rev.), R10-350 Rev.
HMO Blue New England low option 2*	HMO BLUE NE w/RX (6-1-01 Rev.), R10-609, R13-440
<u>Dual Certificate</u>	<u>Form #</u>
<u>Blue Choice (\$10 copay option)</u>	
HMO Blue's Blue Choice* (in-network)	BLUE CHOICE HMO w/RX (16-1-01 Rev.), R10-026 Rev. &
BCBSMA's Blue Choice (out-of-network)	BLUE CHOICE CMM (6-1-01 Rev.)
<u>Blue Choice (low option)</u>	
HMO Blue's Blue Choice* (in-network)	BLUE CHOICE HMO w/RX (6-1-01 Rev.), R10-467 Rev., R14-008 &
BCBSMA's Blue Choice (out-of-network)	BLUE CHOICE CMM (6-1-01 Rev.), R10-170, R15-323
<u>Blue Choice New England (\$10 copay option)</u>	
HMO Blue's Blue Choice NE* (in-network)	BLUE CHOICE NE HMO w/RX (16-1-01 Rev.), R10-026 Rev. &
BCBSMA's Blue Choice NE (out-of-network)	BLUE CHOICE NE CMM (6-1-01 Rev.)
<u>Blue Choice New England (low option)</u>	
HMO Blue's Blue Choice NE* (in-network)	BLUE CHOICE NE HMO w/RX (6-1-01 Rev.), R10-350 Rev. &
BCBSMA's Blue Choice NE (out-of-network)	BLUE CHOICE NE CMM (6-1-01 Rev.), R10-170, R15-323
<u>Insured Preferred Provider Plan</u>	<u>Form #</u>
NONE	NONE
GUARANTEED ISSUE NONGROUP	
(Tel.) 800-422-3545	<u>Form #</u>
HMO Blue Direct	HMO STD NG (12-1-01 Rev.)
HMO Basic Blue Direct	HMO ALT NG (12-1-01 Rev.)

* This plan is available with prescription drug coverage only.

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

7. HMO BLUE (BCBS of MA) (continued)

MEDICARE

Tel. (800) 678-2265

Medicare + Choice
Blue Care 65

Form #
BC 65 (1-1-02 Rev.)

Medicare Wraparound
Managed Blue for Seniors

Form #
MBSR (1-1-01 Rev.)

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

8.	NEIGHBORHOOD HEALTH	Type:	IPA
	PLAN INC.	For-Profit:	No
	253 Summer Street	NAIC #	11109
	Boston, MA 02210		
	(800) 871-2223		
	LARGE GROUP		
	<u>Closed Network</u>	<u>Form #</u>	
	Neighborhood Health Plan Subscriber Agreement	N/A	
	<u>Dual Certificate</u>	<u>Form #</u>	
	NONE	NONE	
	<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
	NONE	NONE	
	SMALL GROUP		
	(Tel.) (617) 772-5660		
	<u>Closed Network</u>	<u>Form #</u>	
	Neighborhood Health Plans for Small Business		
	Option 1	N/A	
	Option 2	N/A	
	Option 3	N/A	
	<u>Dual Certificate</u>	<u>Form #</u>	
	NONE	NONE	
	<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
	NONE	NONE	
	GUARANTEED ISSUE NONGROUP	<u>Form #</u>	
	NONE	NONE	
	MEDICARE		
	<u>Medicare + Choice</u>	<u>Form #</u>	
	NONE	NONE	
	<u>Medicare Wraparound</u>	<u>Form #</u>	
	NONE	NONE	

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

9. TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC. (d/b/a Tufts Health Plan) 333 Wyman Street, P.O. Box 9112 Waltham, MA 02454-9112 (800) 442-0422	Type: IPA & Group For-Profit: No NAIC # 95688
LARGE GROUP <u>Closed Network</u> Massachusetts Premium Benefit Massachusetts Value Plan Massachusetts Basic Benefit	<u>Form #</u> EC-MASSHMO-001 Ed. 1-2003 EC-MASSHMO-002 Ed. 1-2003 EC-MASSHMO-003 Ed. 1-2003
<u>Dual Certificate</u> NONE	<u>Form #</u> NONE
<u>Insured Preferred Provider Plan</u> Preferred Provider Option Point of Service Option	<u>Form #</u> MA-PPO-001/002/003 Ed. 1-2003 CC-MAPOS-001 Ed. 1-2003
SMALL GROUP Tel. (781) 466-1070 <u>Closed Network</u> Massachusetts Premium Benefit Massachusetts Value Plan Massachusetts Basic Benefit	<u>Form #</u> EC-MASSHMO-001 Ed. 1-2003 EC-MASSHMO-002 Ed. 1-2003 EC-MASSHMO-003 Ed. 1-2003
<u>Dual Certificate</u> NONE	<u>Form #</u> NONE
<u>Insured Preferred Provider Plan</u> Preferred Provider Option Point of Service Option	<u>Form #</u> MA-PPO-001/002/003 Ed. 1-2003 CC-MAPOS-001 Ed. 1-2003
GUARANTEED ISSUE NONGROUP Tel. (800) 462-0224 Massachusetts Non-Group HMO Plan	<u>Form #</u> EC-MANGR-001 Ed. 12-2001A

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

**9. TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC.
(continued)**

MEDICARE

Tel. (800) 246-2400

Medicare + Choice

Secure Horizons

Form #

SHMAINDY2KF85M

Medicare Wraparound

Tufts Medicare Complement (TMC) ⁴

Form #

EC-MAMCP-001 Ed 1-2002

⁴ An HMO product that provides supplemental coverage for the costs of HMO-provided services not reimbursed by Medicare. The plan is offered to existing employer groups who ask for an alternative to Tufts Secure Horizons product.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

10. UNITEDHEALTHCARE OF NEW ENGLAND, INC.	Type	IPA
475 Kilvert Street, Suite 310 Warwick, RI 02886-1392 (800) 447-1245	For-Profit:	Yes
	NAIC #	95149
LARGE GROUP		
<u>Closed Network</u>	<u>Form #</u>	
<u>Premier</u>	04/95 Premier	
Certificate of Coverage for Choice	MACH 12/97	
Certificate of Coverage for Select	MASEL 12/97	
<u>Dual Certificate</u>	<u>Form #</u>	
<u>Choice Plus</u>		
United HealthCare of New England, Inc.		
Certificate of Coverage for Choice	MACH 12/97 &	
United HealthCare Insurance Company		
Certificate of Coverage for Choice Plus	MAPL 4/99	
<u>Select Plus</u>		
United HealthCare of New England, Inc.		
Certificate of Coverage for Select	MASEL 12/97 &	
United HealthCare Insurance Company		
Certificate of Coverage for Select Plus	MAPL 4/99	
<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
NONE	NONE	
SMALL GROUP		
Tel. (800) 447-1245		
<u>Closed Network</u>	<u>Form #</u>	
NONE	NONE	
<u>Dual Certificate</u>	<u>Form #</u>	
<u>Choice Plus</u>		
United HealthCare of New England, Inc.		
Certificate of Coverage for Choice	MACH 12/97 &	
United HealthCare Insurance Company		
Certificate of Coverage for Choice Plus	MAPL 4/99	
<u>Select Plus</u>		
United HealthCare of New England, Inc.		
Certificate of Coverage for Select	MASEL 12/97 &	
United HealthCare Insurance Company		
Certificate of Coverage for Select Plus	MAPL 4/99	
<u>Insured Preferred Provider Plan</u>	<u>Form #</u>	
NONE	NONE	

***HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS***

10. UNITEDHEALTHCARE OF NEW ENGLAND, INC. (continued)

GUARANTEED ISSUE NONGROUP

Tel. (800) 447-1245

Choice Guaranteed Issue Individual Policy

Form #

Form 97COCNON.MA

MEDICARE

Medicare + Choice

NONE

Form #

NONE

Medicare Wraparound

NONE

Form #

NONE